TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Safety National Casualty Corp

MFDR Tracking Number
M4-24-0151-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
September 19, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 8, 2023	A9300	$170.00	$0.00
	Total	$170.00	$0.00

Requestor's Position

"Items that are billed using A9300 are home exercise equipment DME. Peak Integrated Healthcare is a licensed DME supplier that provides DME for five clinics and three hospitals. Our items are durable, effective, and medically necessary for the treatment of pre- and post-surgical patients. Our at home kits are fair and reasonable in cost, effectiveness, medically necessary and durability. We put a lot of careful consideration into the DME that we supply to all patients."

Amount in Dispute: $170.00

Respondent's Position

"The Requestor has indicated in reconsideration requests that they are a licensed DME provider and should be paid based on this status as well as indicating that CMS only deems code A9300 as non-covered "if the patient is bed ridden and runs a risk of entanglement with vital tubes and catheters of any sort." This assertion cannot be verified with CMS. As the Requestor is billing with a POS of 11, this indicates the item was used in the office during treatment and is incidental to the treatment rendered and not separately payable. Of further note – the codes does not appear to be covered by Medicare in any payment system…"

Response submitted by: CorVel

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the billing and coding guidelines for durable medical equipment.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 96 – Non-Covered Charges
- W3 – Appeal/Reconsideration
- R4 – Non-covered procedure per state regulations

Issues

1. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking reimbursement of Code A9300 for date of service February 8, 2023. The insurance carrier denied the claim as a non-covered service.

   DWC Rule TAC §134.203 (b) (1) states in pertinent part, for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment polices, including its coding; billing…"

Review of the applicable payment policy found this code has a status of "N"- non-covered service. No payment is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	October 4, 2023 Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3, or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electronico CompConnection@tdi.texas.gov.